



Complete Summary

TITLE

Diagnosis and treatment of chest pain and acute coronary syndrome (ACS): percentage of patients with acute myocardial infarction (AMI) receiving beta-blockers within 24 hours of arrival and on discharge.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 69 p. [138 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with acute myocardial infarction (AMI) receiving beta-blockers within 24 hours of arrival and on discharge.

RATIONALE

The priority aim addressed by this measure is to increase the timely initiation of treatment to reduce post-infarction mortality in patients with acute myocardial infarction (AMI).

PRIMARY CLINICAL COMPONENT

Acute myocardial infarction (AMI); beta-blockers

DENOMINATOR DESCRIPTION

Number of patients with acute myocardial infarction (AMI) discharged in the measurement period

NUMERATOR DESCRIPTION

Number of patients with acute myocardial infarction (AMI) receiving beta-blockers within 24 hours of arrival and on discharge

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Diagnosis and treatment of chest pain and acute coronary syndrome \(ACS\).](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Timeliness

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adults 18 and older diagnosed as having an acute myocardial infarction (AMI)

It is highly recommended that data collection be completed on a real-time basis. This measure references all patients to improve process sensitivity at sites where few patients with AMI are routinely discharged in a given time period.

Should real-time data collection present insurmountable institutional obstacles, consider retrospective chart review of all, or a simple random sample, records of patients with AMI. A random sample is best employed in the presence of more than 30 discharges in a measurement period. If fewer than 30 discharges occur in a measurement period, consider examining all the records.

Data can be collected weekly or monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with acute myocardial infarction (AMI) discharged in the measurement period

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with acute myocardial infarction (AMI) receiving beta-blockers within 24 hours of arrival and on discharge

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with AMI receiving beta-blockers within 24 hours of arrival and on discharge.

MEASURE COLLECTION

[Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome \(ACS\) Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

FUNDING SOURCE(S)

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COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

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FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

ICSI has adopted a policy of transparency, disclosing potential conflict and competing interests of all individuals who participate in the development, revision and approval of ICSI documents (guidelines, order sets and protocols). This applies to all work groups (guidelines, order sets and protocols) and committees (Committee on Evidence-Based Practice, Cardiovascular Steering Committee, Women's Health Steering Committee, Preventive & Health Maintenance Steering

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R. Scott Wright, MD is a consultant for and receives research/grant funding from Hoffman LaRoche pertaining to clinical trial testing of Dalcetrapib.

No other work group members have potential conflicts of interest to disclose.

ICSI's conflict of interest policy and procedures are available for review on ICSI's website at www.icsi.org.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Nov

REVISION DATE

2008 Oct

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Oct. 76 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Oct. 69 p. [138 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of Patients with AMI Receiving Beta-blockers within 24 Hours of Arrival and on Discharge," is published in "Health Care Guideline: Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome (ACS)." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](http://www.icsi.org).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

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